

MOUNT EAGLE COLLEGE & UNIVERSITY

APPLICATION FOR ADMISSION

Personal Information

Name: _____
(Last) (First) (MI)

Social Security# _____ - _____ - _____ (USA Residence Only If Applicable) DOB: _____ / _____ / _____
Month Day Year

Gender: (optional) Male Female

Providing your gender is voluntary and will not be used in a discriminatory manner. This question complies with the U.S Department of Education's standards for gender data collection.

Contact Information

Address: _____
(Number and Street /P. O. Box for International Students)

(City) (State) (Zip code) (Country)

Cell phone () _____ - _____

I give permission to send me updates via text messaging. (Standard message charges apply)

Home phone () _____ - _____ Other phone () _____ - _____

E-Mail: _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone: Home: () _____ - _____ Cell: () _____ - _____

Ethnicity

Are you Hispanic or Latino? Yes No

Race

Please select one or more that apply

- Black or African American
- American Indian or Alaska Native
- Asian
- White/Caucasian

**Ethnicity & Race : Providing the information below is voluntary and will not be used in a discriminatory manner. These questions comply with the U.S. Department of Education's standards for ethnic and racial data collection

PROGRAM OF STUDY

Program of Study

- Associate Degree in Health Sciences (AHSc)
- Bachelors Degree in Health Sciences (BHSc)



Month, Date and Year You Plan To Attend: _____ 20_____
 (Month) (Date) (Year)

SPECIAL MEDICAL CONCERNS: _____

EDUCATIONAL BACKGROUND

School Attended	Completion Date Mo/Yr.	H.S. Grad? (yes or no)	Diploma/Degree

EMPLOYMENT HISTORY (Beginning with most recent job first)

Place of Employment	Address	Start Date	End Date	Position Held

I certify that these responses are true to the best of my knowledge and agree to reasonable inquiry where needed. I am aware that falsification here may result in disciplinary action including denial of admission or dismissal after admission.

Signature _____ Date _____

How did you hear about us? Former Student - Friend - Instructor – Official- Promotion-Mount Eagle Coupon
 Other _____

Return Completed Application with \$75 Non-Refundable Application Fee

- Application Fee Waived: Yes No
- Payment can be submitted as Checks, Money Order, or Credit/Debit Cards (online)

Admission Office
6000 B Museum Drive
Winston Salem, NC 27105, USA
Tel 336-776-0357 Fax: 336-499-2002 Email: application@mounteag.com

ADMISSIONS ESSAY

Student Name: _____ Date: _____
(Last Name) (First Name) (MI)

1. What do you think it takes to be a good professional student?

2. In three words, how would your friends describe you?

3. Give me an example of a time when you had to learn a new task or procedure.
How did you learn this new task?

4. Describe your best learning experience.

5. Where do you see yourself in 3-5 years?

6. How would you describe your computer skill proficiency?

Results of Interview:

- Eligible for Enrollment
- Not Eligible For Enrollment
- Other

MECU Representative: _____ Date _____

TUITION AND OTHER FEES

THE TUITION COST

- ASSOCIATE DEGREE IN HEALTH SCIENCES (AHSc) **\$7,800**
- BACHELORS DEGREE IN HEALTH SCIENCES (BHSc) **\$14,760**

ADDITIONAL COSTS

- NON-REFUNDABLE REGISTRATION FEE: \$75.00 (WAIVABLE)
- BOOKS/SUPPLIES: \$550-\$1500 (DEPENDING ON THE PROGRAM)
- MISC EXPENSES; \$25-\$250

CANCELLATION REFUND POLICY

Rejection: An applicant rejected by the school is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides a written notice of cancelation within three (3) business days, excluding weekends and holidays of executing the enrollment agreement, is entitled to a refund of all monies paid, excluding the \$75.00 non-refundable registration fee.

Other Cancelations: An applicant requesting cancelation more than three (3) days after executing the enrollment agreement, and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less the nonrefundable registration fee of \$75.00 dollars. A student who officially withdraws from class prior to completing 25% of the period of enrollment for which he/she has been charged, the school shall refund at least 75% of the tuition.

To comply with applicable federal regulations regarding refunds; federal regulations regarding refunds will supersede state refund regulations in this Rule.

In order to receive a refund, if one is due, the student must inform the university of his/her withdrawal. Refunds will be made within 45 days of official withdrawal or 45 days of the date the institution determines the student has withdrawn in cases of unofficial withdrawal.

A student may cancel the enrollment agreement by delivering or mailing a signed written notice to **Mount Eagle College & University, 6000 B Museum Drive Winston-Salem, NC 27105, USA**. If the cancelation letter is delivered to the school by midnight of the 3rd business day; after the student receives the letter of acceptance, then a 100% refund will be granted. If the student wishes to withdraw after the 3-business-day cancelation period as described above, a portion of the remaining tuition will be returned after a surcharge is given as is outlined in the **REFUND** section of the catalog.

WITHDRAWAL PROCEDURE

- A student choosing to withdraw from the school after the commencement of classes is to provide a **written notice to the Admission Director of the university**. The notice must include the expected last date of attendance and be signed and dated by the student.
- If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from date the leave of absence but fails to do so.
- A student will be determined to be withdrawn from the institution if the student misses the equivalent three consecutive instructional days and all of the days are unexcused. For online classes completions are determined by assignments, homework, participation, and logins, The student is required to complete any missed work on timely manner as stated on the syllabus.
- All refunds must be submitted within 45 days of the determination of the withdrawal date.

NOTICE TO STUDENTS

- Do not sign this agreement before you have read it or if it contains any blank spaces.
 - This agreement is a Legally binding instrument. The contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read the contract before signing.
 - You are entitled to a copy of this agreement.
 - This agreement and the school, catalog constitute the entire agreement between the student and the school.
 - Although the school will provide resources to assist the student, the school does not guarantee job placement to graduates upon program completion or upon graduation.
 - The school reserves the right to reschedule the program start date when the number of students scheduled is too small.
 - The school reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct and dress code.
 - The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision, of the receiving institution.
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CONTRACT ACCEPTANCE

I, the undersigned, have read this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may or may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by the school.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____, 20__

Signature of Student

Date

Representative's Certification

I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the _____ (program name) at Mount Eagle College & University as described in the school catalog. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

Signature of University Official

Date